MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH Pages 1 and 2 urs after death hours after death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE DE DEATH b. COUNTY STATE b. CITY DR TOWN (if outside corporate limits, write BURAL and give nearest town) MARYLAND A RYL CINK 0 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b and completely filled in by emove carbon papers. Pag any event, within 72 hours ERLIN e. IS RESIDENCE DN A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS YES executed within Month DATE NAME OF Middle Lest 4. 3. DECEASED DEATH (Type or print) LBERT FORD 10 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. DATE OF BIRTH 9. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 88 WIDOWED DIVORCED ermit. Then phase re 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 1Da. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) death certificate be F TER SEL FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Q AP 16. SOCIAL SECURITY NO. Address 17. INFORMANT this certificate has been signed by the attenticached for use as the burial-transit permit. Dept. of Health prior to burial, cremation, or (Yes. no. or unkown) | (If yes nive war or dates of service) INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and ONSET AND DEATH OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY detached for use e Dept. of Health PERFORMED? YES . DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING [ DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e, PLACE OF INJURY (Home, farm, (County) TIME DF INJURY Month, Day, Year 20d, INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After t director, page 3 should be de should be filed with the State Hour a.m. While Not While 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from. that (I) (we) last and that death occurred a 8-A M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED STAFF DIRECTOR M.D. TO HOSPITAL (Page 4 may | ADDRES 22d 22c. PHYSICIAN'S NAME OF CEMETERY OR CREMATURY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREO 23c. 23a. REMOVAL (Specify) O UA 25 EN REC'D BY REGISTRAR REGISTRAR'S SIGNATUR FUNERAL DIRECTOR 25a. 25b. 24.

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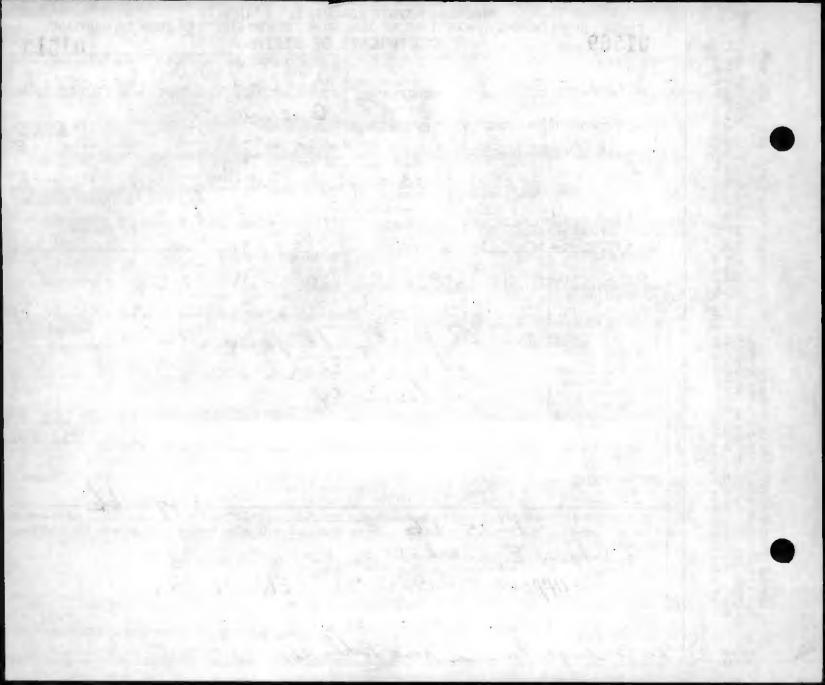
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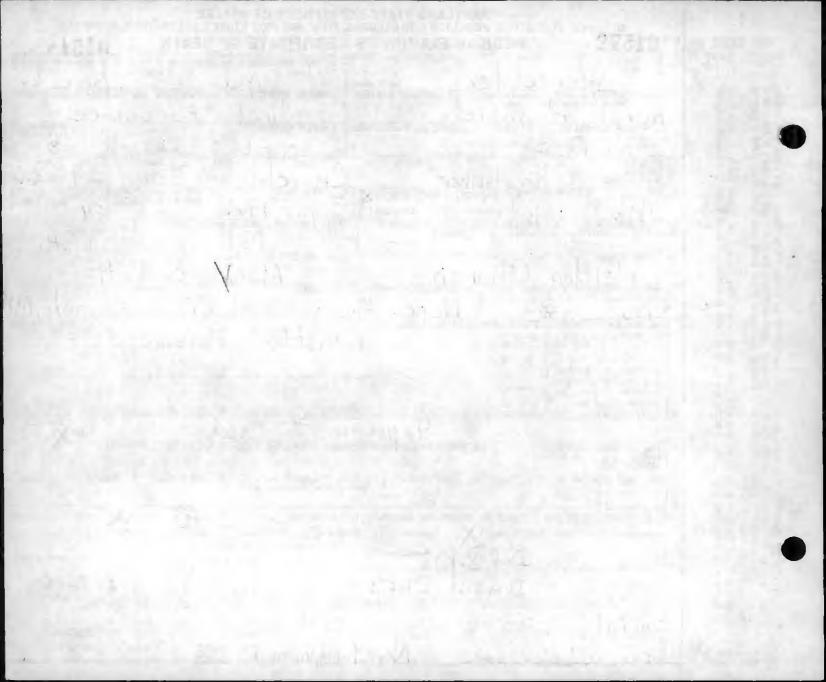


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL CERTIFICATE **EXAMINER'S** DEATH HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY 0 e5 MARYLAND Department after death. any delay is necessary, 2, and 3 to the funeral PM3. Page 5 may be c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS State hours YES X NO Month 3. NAME OF First Middle DATE Year Last 4. DECEASED 1966 DEATH (Type or print) event within AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Jast birthday) Months Days Hours Min. SEX 6. COLOR OR RACE DATE OF BIRTH NEVER MARRIED 8. 7. MARRIED Pages O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with for retained for your files. WIDOWED DIVORCED II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR COUNTRY2. raver pages I in any FATHER'S NAME File 16. SOCIAL SECURITY NO. Address 15. WAS DECEASED EVER IN U.S . ARMED FORCES? 17. ad (Yes, no, or unkown) (If yes gively ar or dates of service) nor permit. I d ton INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line ONSET AND DEATH I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a) DUE TO ess Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the 60 underlying cause last, used as to burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO K YES ld be prior DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 3 should agent, p MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While JIRECTOR: Page its designated a at work at work 19 Inquiry X 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion FUNERAL DIRECTOR: Undetermined manner Suicide death resulted from: Natural causes Accident Homicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER M.D. SIGNATURE Health or OT I DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, 645. NAME (Type) 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. 23c. CEMETERY OR CREMATORY REMOVAL (Specify) of 0 ur 25b. FUNERAL DIRECTOR 25a. VR AISME 3500 4-64

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DEATH MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY a. STATE ces MARYLAND lay is necessary, 13 to the funeral Page 5 may be Department after death. c. CITY\_OR TOWN (If outside corporete limits; write RURAL and give neerest town) b. CITY OR TOWN (If outside corporete limits, C. LENGTH OF STAY IN 1b Owrite RURAL and give nearest town) e. IS RESIDENCE d. STREET d. NAME OF HOSPITAL OR INSTITUTION af not in hospital, give street address) ON A FARM? State hours wa YES NO Month Day Year any del 2, and PM3. DATE NAME OF Middle 4. 3. First Last DECEASED the 72 DEATH 19 (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. with DATE OF BIRTH SEX 6. COLUR 7. MARRIED NEVER MARRIED form last birthday) | Months Pages. Days Hours C/ × DIVORCED WIDOWED event 12. CITIZEN OF WHA 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME any MOTHER'S MAIDEN NAME Item 18 24 hours pag Ξ in pencil in Item Examiner's Office File 17 ANFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. (Yes, no, or unkewn) (If yes give war or dates of service) permit. removal, Deedn City 14 EXAMINER: This certificate should be exempted within a certificate, writing the word "pending" in pencil in nould be forwarded to the Chief Medical Examiner's INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit cremation, or i IMMEDIATE CAUSE (8) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO stating cause (a). the certificate, writing the word should be forwarded to the Chief CD. underlying cause last. ed as burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. CERTIFICATION PERFORMED? NO YES Si ca DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) be 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 3 should tagent, price CAUSE OF DEATH. (County) (State) MEDICAL 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While While at work CTOR: Page designated at work and In my opinion 21. I certify that I took charge of the remains described above, held an Autopsy inspection Inquiry DIRECTOR: **Ondetermined** manner Suicide Homicide death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER execute the result of the sour sour designs of the sour sour designs of the sour sour designs of the source designs of the s O DEPUTY MEDIC Its 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE please execudirector. Pag retained for 0 DEPUTY MEDICAL EXAMINER FUNERAL Health **EXAMINER'S** or county) NAME (Type) NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. REMOVAL (Specify) of 0 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR ADDRESS 25a. FUNERAL DIRECTOR VR A15ME

3500 4-64

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH FOR STATE MEDICAL EXAMINER'S HEALTH DEPI USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH e. COUNTY a. STATE b. COUNTY or cester MARYLAND Department after death. any delay is necessary, 2, and 3 to the funeral PM3. Page 5 may be b\_GITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) omo ocamoke IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET State hours a YES X NO \_ DATE Month Day Year NAME OF Middle Last 4. First DECEASED the 72 DEATH (Type or print)  $\sim$ tophe 2 with AGE (in yeers last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 6. COLOR OR RACE DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If lease execute the certificate, writing the word "pending" in practi in Item 18. Give Pages 1, rector. Page 4 should be forwarded to the Chief Medical Examinar's Office along with form 7. MAIRIED NEVER MARRIED Months Hours 00 MIOOMEO OIVORCED { and 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) COUNTRY2-INOUSTRY pages I in any MOTHER'S MAIDEN NAME 13. FATHER'S NAME 00 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IBFORMANT (Yes, no, of unkown) | (If yes give war or dates of service) permit. I INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] DNSET AND DEATH PART I. OEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating 62 ed as a burial, underlying cause last. (c). PART II, DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PEREORMED? NO T us DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) or or 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 3 should lagent, pri CAUSE OF DEATH. (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work at work Page Inspection OF 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry 5 and In my opinion designat DIRECTOR: Undetermined manner Homicide death resulted from: Suicide Accident execute the r. Page 4 s d for your CHIEF MEDICAL EXAMINER its 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER please execut director. Pag retained for y SIGNATURE FUNERAL DI f Health or i DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, or county) NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. DATE THEREOF 23c. REMOVAL (Specify) to 0 uria ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15ME 3500 4-64

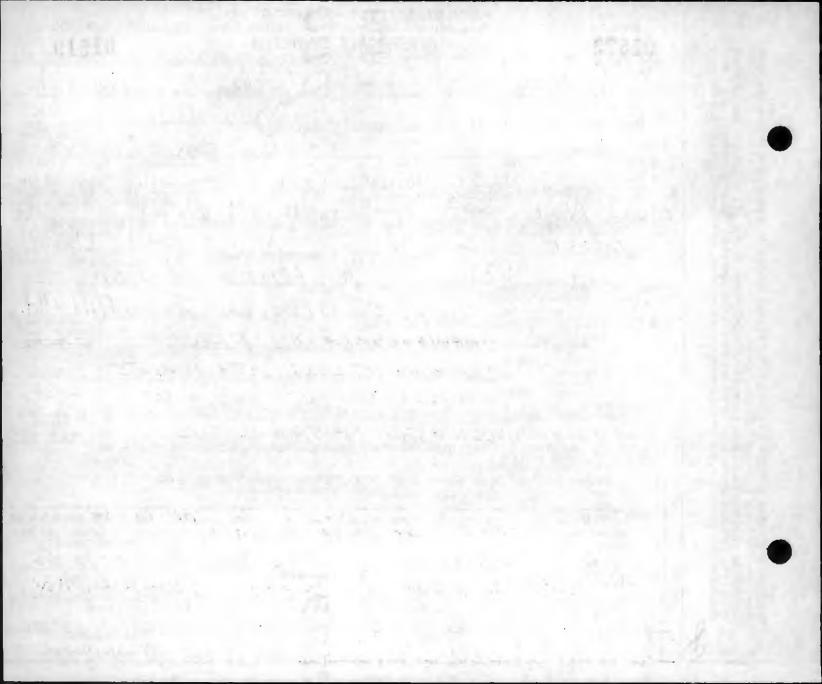


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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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Sie			Loborer Saw Mill	Md.	W. H.
>0_	-	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
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attending permit. There			James Late	Fluttle Frudson	)
iten.			. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no. or ankown)   (If yes give war or dates of service)	INFORMANT	1.11 M
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5 6 8 E			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ad I de bare - now II	INTERVAL BETWEEN
22 سب ب ح				21-120- 51.11015	ONSET AND DEATH
d by			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIO RESPIR	HI 10137 1-WILLIE	2 weeks
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physi sign burial			Conditions, If any, which \ (b) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	LUNG WITH COMPLETE	
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te hat		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
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2 6 4 2 1			20a. ACCIDENT WAS UNDERLYING []   20b. DESCRIBE HOW INJURY OCCU	RRED, (Enter nature of injury in Part I or Part II of Item 18.)	
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lis c	1				tud (Ohnto)
音音等	í	2	factor	CE OF INJURY (Home, farm,   20f. (City or town) (Cour ry, street, office bldg., etc.)	nty) (State)
by the	3	MEDICAL	Hour a.m. While Not While at work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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Fig. 12			21. I certify that (I) (this hospital) attended the deceased from		
eta Eret				death occurred at M, from the causes and on th	
			22a. SIGNATURE		TE SIGNED
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4 E 13 E	, 1		22c. PHYSICIAN'S	22d. ADDRESS	10
4 5 5	2 /		HAME (Type) ROBERTELAMBR	104 844 ) NOWHIL	L, ruey
Page O FUN direct		23a	BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or cour	nty) (State)
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	K	24	FUNERAL DIRECTOR APPRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
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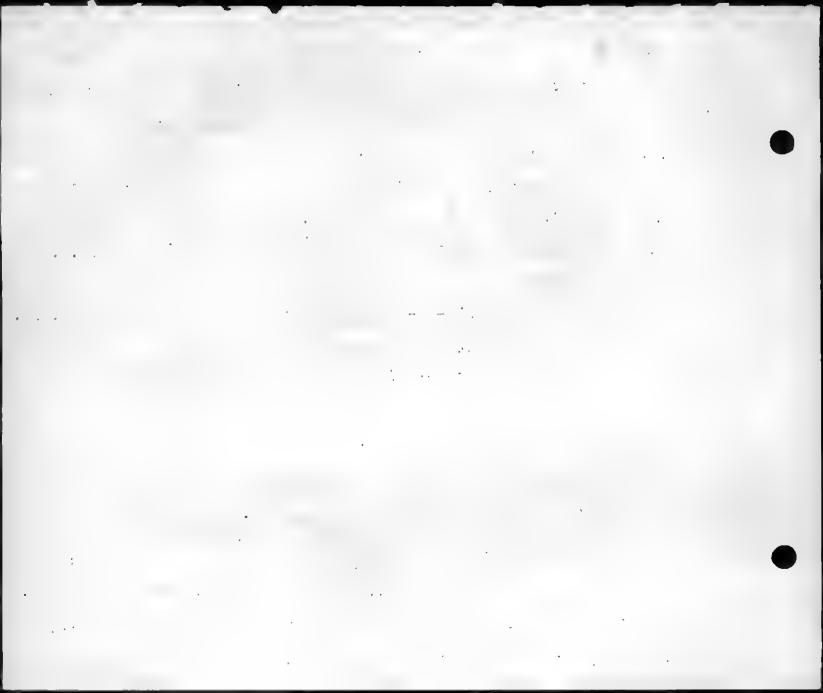


TO FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. They please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

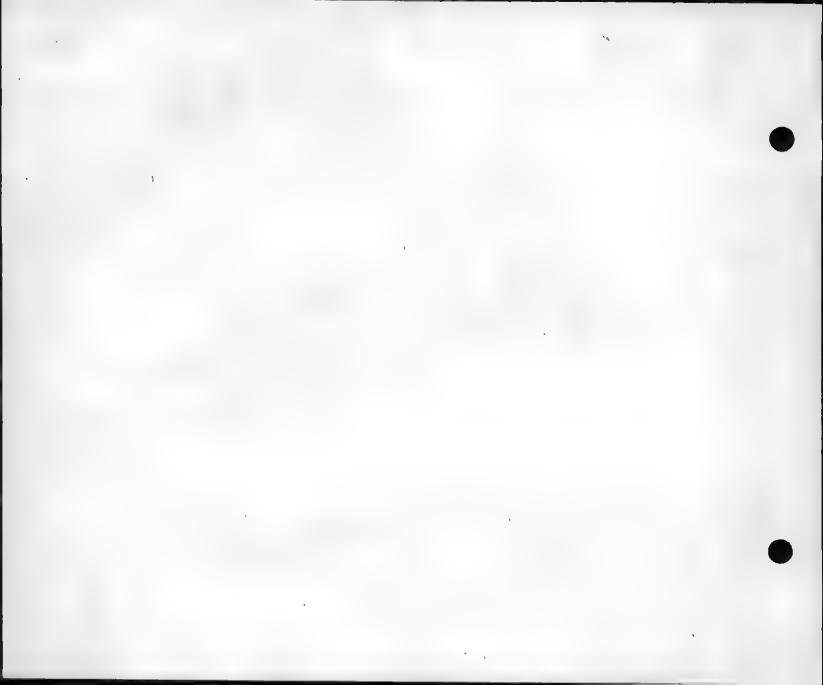
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
() 1520

	4		11.		
1. PLACE DF DEATH a. COUNTY			(Where deceased lived, If institution:	Residence before admission)	
Worcester	MARYLAND	a. STATE Maryland b. COUNTY Worcester			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside corporate limits, write RUR.	AL and give nearest town)	
Pocomoke City	50 years	Poo	comoke City	- /	
d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospitat, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
202 Walnut Street		202	Walnut Street		
3. NAME DF First DECEASED First	Middle	Last	4. DATE Month	Day Year	
(Type or print) FRANKLIN	GOLDSBORO	DENNIS	DEATH January	11 19 66	
7. MARKIEU	ALACK MAKKIED	3. OATE OF BIRTH	last birthday) Months	ER 1 YEAR IF UNDER 24 HRS.	
Male   White   WIDOWED		Oct. 17,18	592   73 yrs.		
during most of working life, even if retired)	IND OF BUSINESS OR NDUSTRY	Worcester	inty & State, or foreign country)   12.	CITIZEN OF WHAT COUNTRY?	
Accounting Clerk Civ	il Service	Maryland		U.S.A.	
		14. MOTHER'S MAIDE			
John G. Dennis 15. WAS DEGEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO.   17.	INFORMANT ELLEY	Belle Mitchel	.1	
(Yes, no. or unknown)   (If yes give war or dates of service)			***************************************		
		s Myrna De	ennis, Pocomoke		
18. CAUSE OF DEATH [Enter only one cause per l'				INTERVAL BETWEEN ONSET AND OBATH	
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	JTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART 16	a) 119. WAS AUTOPSY	
W Hominlogia loft Co	erebral arter			PERFORMED?	
Hemiplegia, left. Ce			L S Injury in Part I or Part II of Item :		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI					
3 20c. TIME OF INJURY Month, Day, Year   20d. II	NJURY OCCURRED   20e. PLAC	CE OF INJURY (Home, far	m, 20f. (City or town) (C	ounty) (State)	
Hour a.m. While	NOT WILLS I	ry, street, office bidg., etc	2.)		
21. I certify that (I) (this hospital) attended		ot 26. 10	65 to Jan 11 106	66 that (I) (wa) last	
saw the deceased alive on Jan 11			2.3.5/Pfrom the causes and on		
22a. SIGNATURE/) A			22b.	OATE SIGNED	
	eder MD1.0		IRECTOR PHYS.   JE	in 12,1966	
PHYSICIANS NAME (Type) Charles W.	Trader, M.D.,	302 Mark	et St.,Pocomoke	city,Md.	
23a. BURIAL CREMATION, 23b. OATE THEREOF	23c. NAME OF CEMETERY	WANTED STATES	23d. LOCATION (City, town or o	county) (State)	
BUITAL CREMATION, 23b. OATE THEREOF BUITAL (Specify) 1-13-1966	Bethany Me	ethodist	Pocomoke City		
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'	D BY REGISTRAR   25b, REGISTRA	R'S SIGNATURE	
Totut H. Walson Po	ocomoke City	y Ma MEN	17 1966 Jelane	es Judge	

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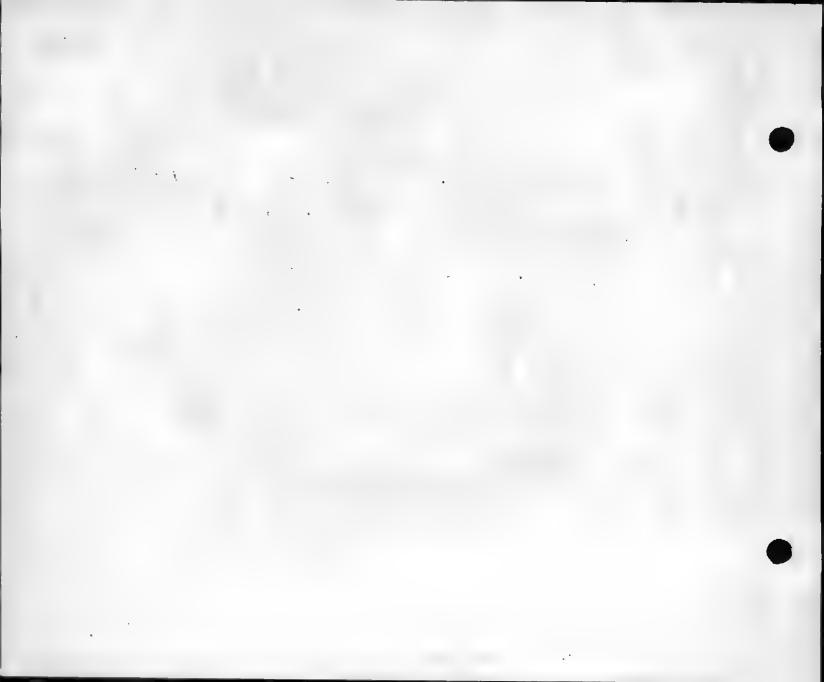


VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY b. COUNTY a. STATE ecessary, the funeral MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL end give nearest town) C. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE any delay 2, and 3 to the PM3. Page ON A FARM? State hours YES X NO 3. NAME OF First Middle Last 4. DATE Month Day Year the 72 DECEASED 66 (Type or print) DEATH 19 with ithin 24 hours after death. If a lem 18. Give Pages 1, Office along with form SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE IN years IF UNDER 1 YEAR HE UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY2 pages in any d WHRP FATHER'S NAME File 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Address " in pencil in Examiner's Of (Yes, no, or unkown) | (If yes give war or dates of service) permit. removal, certificate should be executed within riting the word "pending" in pencil li ded to the Chief Medical Examiner's 098-05-11 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit | cremation, or IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating used as a l to burial, c underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PEDFORMED? NG [ sate, writing the forwarded to t 3 should be agent, prior 1 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) **EXAMINER:** This MEDICAL execute the certificate, or. Page 4 should be forward for your files. 20c. TIME OF INJURY Month, Day, Year | 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While JIRECTOR: Page its designated p.m. 19 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection inquiry and in my opinion DIRECTOR: death resulted from: Natural causes Suicide Undetermined manner Homicide Accident CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER M.D. SIGNATURE 0 FUNERAL I DEPUTY MEDICAL LEXAMINER EXAMINER'S please e) director. retained NAME (Type) Address (Street, city, town, oc county) BURIAL, CREMATION, 23c.-LOCATION (City, town or county) 23b. DATE THEREOF NAME OF CEMETERY OR OREMATORY (State) of o TEMOVAL (Specify) EEL 121 61 66 AL FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b REGISTRAR'S ALGNATURE 25a. way by 1966 VR A15ME 3500 4-64





TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

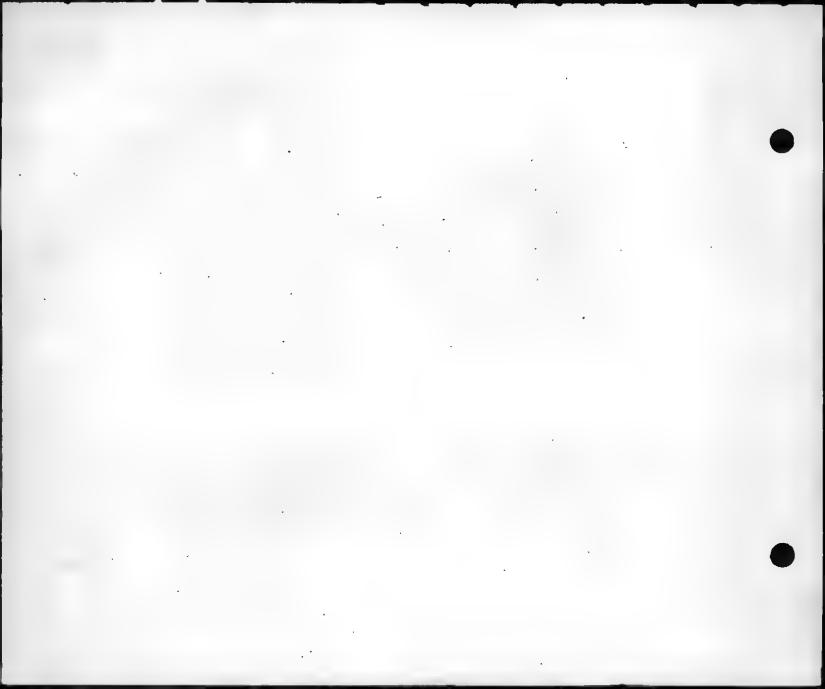
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2-should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01578

CERTIFICATE OF DEATH

П	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
Į		Margestar	a. STATE b. COUNTY	rocker
1	_	b. CITY OR TOWN (If outside corporate limits. 1 c. I FNGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
1		write RURAL and give nearest town)	Pocomoke	1
	_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	I a. IS RESIDENCE
		408 Oxford St.	408 Oxford	ON A FARM?
1	3.	NAME OF First Middle	Last 4. DATE Month	Day Year
1		(Type or print) Parker	EVANS DEATH JAN	31 1966
ı	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		
1		MOR NEGRO WIDOWED TO DIVORCED TO	Apr. 10, 1875 4 grant Months	Days Hours Min.
ı	10a	. USUAL OCCUPATION Give kind of work done   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. Cl	TIZEN OF WHAT
1	gur	Ing most of working life, even if retired)  LODOTE T  INDUSTRY	\\alpha.	UNTRY!
1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1		Unknown	Unknown	
1	15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, s, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	1/1/
1		Makagua	Hiltord Frans Tembero	nce Ville Va.
I	-1	18. CAUSE OF DEATR [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
1		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CARDIAC AR	REST	ONSET AND DEATH
1	- 1	433.0 DUE TO		
1		Conditions, If any, which \ (b) GEN. ART. S.	dleensis	toves.
1		gave rise to immediate		
1		cause (a), stating the underlying cause last. (c)		
	€	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
)	FICAT	NONE	•	YES NO -
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   CONTRIBUTING   CAUSE OF DEATH   CONTRIBUTION   CONTRIBUTI	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
	ੜ		CE OF INJURY (Home, farm,   20f. (City or town) (Cour	nty) (State)
	MEDICAL	Hour a.m. while Not while factor	ry, street, office bldg., etc.)	
	2	21. I certify that (I) (this hospital) attended the deceased from	12/15 1964 to 1/3/ 1966	L. that (I) (we) last
			death occurred at 7 P.M. from the causes and on th	
		22a. SIGNATURE		TE SIGNED
			ATTENDING - MED. STAFF	. /
		Mentelle A. Baren M.D.	PHYS. DIRECTOR PHYS. 2/	1//
		22c. PHYSICIAN'S	PHYS. DIRECTOR PHYS. 2/	1/66
			PHYS. DIRECTOR PHYS. 1 2/	166
	23a	22c. PHYSICIAN'S NAME (Type)  NEVI / F A BARGAI  BURIAL, CREMATION, 1 23b. DATE THEREOF   23c. NAME OF CEMETERY	22d. ADDRESS OCOMOKE, MD	nty) (State)
	E	22c. PHYSICIAN'S NAME (Type)  NEVILLE A: BARGAL  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY  REMOVAL! (Specify)  2-9-65  T. JOHN	OR CREMATORY 23d. LOCATION (City, town or county)	, Va.
	E	22C. PHYSICIAN'S NAME (Type)  NEVILE A: BARGAI  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY  REMOVAL (Specify)	OR CREMATORY  23d. ADDRESS  OR CREMATORY  23d. LOCATION (City, town or county)  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
0	E	22c. PHYSICIAN'S NAME (Type)  NEVILLE A: BARGAL  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY  REMOVAL! (Specify)  2-9-65  T. JOHN	OR CREMATORY 23d. LOCATION (City, town or county)	, Va.

VR AI5 (4) 20M 1/65



1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
€ 89£/		01579 CERTIFICATE OF DEATH 01525
is after death, by the funeral Pages I and 2. urs after, death.	1.	PLACE OF DEATH a. COUNTY  Or Cester  Marylano  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE  M. COUNTY  Or Cester
hours after d in by the rs. Pages 1 2 hours after		MARYLANO C. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
및, 로 등	_	Kural-Pocomoke Kural Focomoke of Name of Hospital or Institution (if not in hospital, give street address) d. STREET ADDRESS of STREET ADDRESS
fille falle in 7.	_	R.F.D. 2
completely we carbon pevent, with	3.	NAME DF DECEASED (Type or print)  NAME DF JORS   4. OATE Month Oay Year DEATH JON, 30 1966
	5.	SEX   6. COLOR OR RADE   7. MARRIED   NEVER MARRIED   8. PATE OF BIRTH   9. AGE (In years   FUNDER 1 YEAR   IF UNDER 24 HRS.
and com	102	emale Vegro WIDOWED OIVORCEO HUO L 1965 yrs. 6 14
r certificate be exending physician and removal, and ix	our	None (Country) S.A.
lificat ig phy noval,	13.	FATHER'S NAME
sath certifi attending I ormit. Then	15 (Ya	. WAS DECEASED EVERTINU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT S., BO, of unknown) [(If yes give war or dates of service)]  Address
-5 e e e		NO - None Diana temmeran KF.D. 2 tocomoke, Md.
the by the nsit	П	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. OEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) ACUTE SUFFER CATION  IMMEDIATE CAUSE (a)
that sicia gned gned ial-tra	П	474 X OUE TO
law requires that attending physician has been signed to as the burial-train h prior to burial, cre	Н	Conditions, if any, which gave rise to immediate cause (a) stating the OUE TO
law requi	~	underlying cause last. (c)
N: The lar tail or att fificate har for use a Health p	ATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?
cert cert hed t. of	CERTIFICATION	YES NO 2Da. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
TO HOSPITAL OR ATTENDING PHYSICIA PAGE 4 may be retained by the hospi for FUNERAL DIRECTOR: After this cerdirector, page 3 should be detached should be filed with the State Dept. of	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Hour a.m.   While at work at work at work   20d. (City or town) (County) (State)
ined ined R: Af		21. I certify that (I) (this hospital) attended the deceased from, 19, to, 19, that (I) (we) last
ATTI reta ECTO 3 sho with	П	saw the deceased alive on 1/2 9 1966, and that death occurred at 2 4 M, from the causes and on the date stated above.  22a. SIGNATURE 122b. OATE SIGNED
FITAL OR ATTENDI 4 may be retained ERAL DIRECTOR: A cor, page 3 should 1 be filed with the S	П	Moulle a Saran M.O. ATTENDING MED. STAFF D 2/1/66
HOSPITAL age 4 may FUNERAL rector, pa		22c. PHYSICIANS' NAME (Type) NEVILLE A. BARON POCOMOKE MD.
Page O FUNI	23a	BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State)
3	24	Burial 12-7-66 St. James Cem, rocomo ke, Mai
VR AI5 (4)	D	Dannellance New Church, 16 tours 7. 1966 June July



FOR STATE HEALTH DEPT.

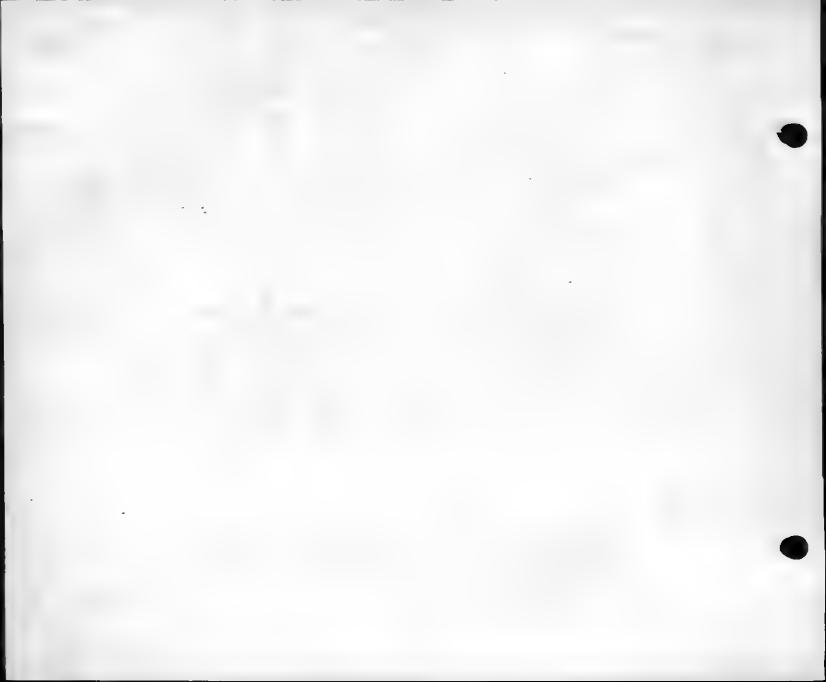
TO BEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is decessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 3 should be used as a burial-transit permit. File pages—sand 2 with the State Department agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

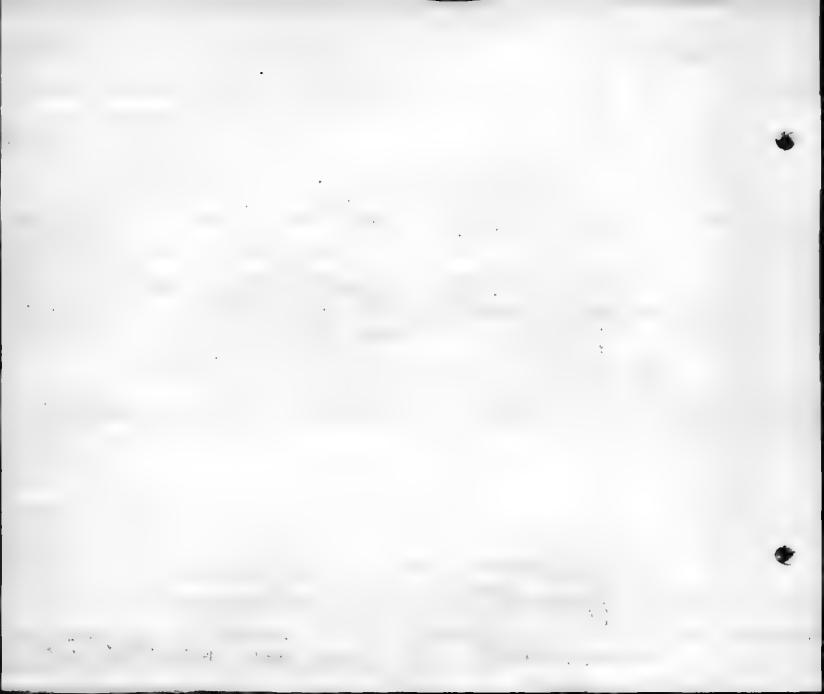
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ш	1	WEDIONE EXAMINER O CERTIFICATE OF BEATTI
	1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  a. STATE A STAT
		b. CITY OR TOWN (If outside corporate limits.   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	(	Ocean City 3 Vears Ocean City 1
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS  6. IS RESIDENCE ON A FARM?
		Elm Street Elm Street , YES D NO 18
		NAME OF DECEASED Crype or print)  POD PO
		SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	1	ale Willowed Olivorceo Sept. 2, 1907 58 yrs. Months Days Hours Min.
	10a. duri	USUAL OCCUPATION (GIVE kind of work done 10b. KIND OF BUSINESS OR 11! BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13.	Father's NAME Law Enforcement Whaley VIII U.S. H.
	Aton	Alec Jones Ida Downes
	15. (Ye	WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMABIT  S, ne, or unknown) (1 yes give war or dates of service)
		No 1 Types gree war or dates of service 221-09-2822 Mrs. Ralph Jones Ocean City
		18. CAUSE OF OFATH [Enter only one cause per line for (a) (b), and (c).]  PART I, DEATH WAS CAUSED BY:  ONSET AND DEATH
		IMMEDIATE CAUSE (a) COPOLICITY OCCIONS TO I
		Conditions, If any, which (b)
		gave rise to immediate cause (a), stating the DUE TO
	z	underlying cause last. ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	CERTIFICATION	PERFORMED?
en	TIFIC	20a. EXTERNAL CAUSE WAS . 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
		PRIMARY OF CONTRIBUTING C
	MFDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) (State)
	MF	p.m. 19 et work at work
		21. I certify that I took charge of the remains described above, held an Autopsy
		OD - Oland & OD L. The CHIEF MEDICAL EXAMINER   Jan. 25, 1966
		M.O. ASSISTANT MEDICAL EXAMINER ACTING.
		EXAMIRER'S CITTORDE E. Schott, M. D. Address (street, city, town, or county) Worcester
-	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
2	24.	1-26-66 Vale Cemetery Whateville Ma.
3	24.	Come Q - Burbage Beilin Mil FEB 2 1966 Plianles Judge
	4	

VR A15ME 3500 4-64 6



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S FOR ST CERTIFICATE OF DEATH PLACE OF DEATH. 2. USUAL RESIDENCE (Where deceased lived, If institution, Rasidence before . COUNTY lay is necessary, al director. Page for your files. 5 **b. COUNTY** MARYLAND Department death, Lift oulside corporete CITY OR TOW s. LENGTH OF STAY IN 16 OR TOWN (If outside Epiporate limits, write RURAL and give nearest fown) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDR e. IS RESIDENCE 13 to the funeral or y be retained for with the State De ON A FARM? with the State 72 hours after YES NO S 3. NAME OF Middle 4. DATE Day Year DECEASED OF (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 1, 2, and 3 I ge 5 may b and 2 with within 72 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 24 HRS ß. AGE (In years HF UNDER 1 YEAR birthday) Months Hours WIDOWED DIVORCED O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after please execute the certificate, writing the word "pending" in pencit in Item 18. Give Pages 1, 2, at 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 in 0 PUNERAL, DIRECTOR Pages 1 and 2 USUAL OCCUPATION (Give keld of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) event 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in any 15. WAS DECEASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN Address unkown) | (Illyes give war or dates of service) and 13. CAUSE OF DEATH |Enter only one cause per line for (a), (b), end (c). or removal, INTERVAL ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) cremation, gave rise to Immadiate cause **DUE TO** (a), stating the underlying enuse lest. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY designated agent, prior to burial, PERFORMED? NO D 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or fown) (County) (State) factory, street, office bldg., atc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy [ Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED o is SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) Health 22mcBURIAL, CREMATION. DATE THEREO! ERY OR CREMATORY LOCATION (City, Jown, or equally (State) REMOVAL (Specify) FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SI YR A15ME 5M 1/63



Hour a.m. Not While at work L p.m. at work

march 21. I certify that (I) (this, hospital) attended the deceased from. and that death occurred at 1/20 PM, from the causes and on the date stated above. saw the deceased alive on. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING M.D. PHYS.

(State)

22¢. PHYSICIAN'S NAME (Type) 22d. ADDRESS N.F. sartorius. Pocomoke City

BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY XOR CREMATERY 23d. LOCATION (City, town or county) Burial Belle Belle 6-1966 Haven Cemetery Haven

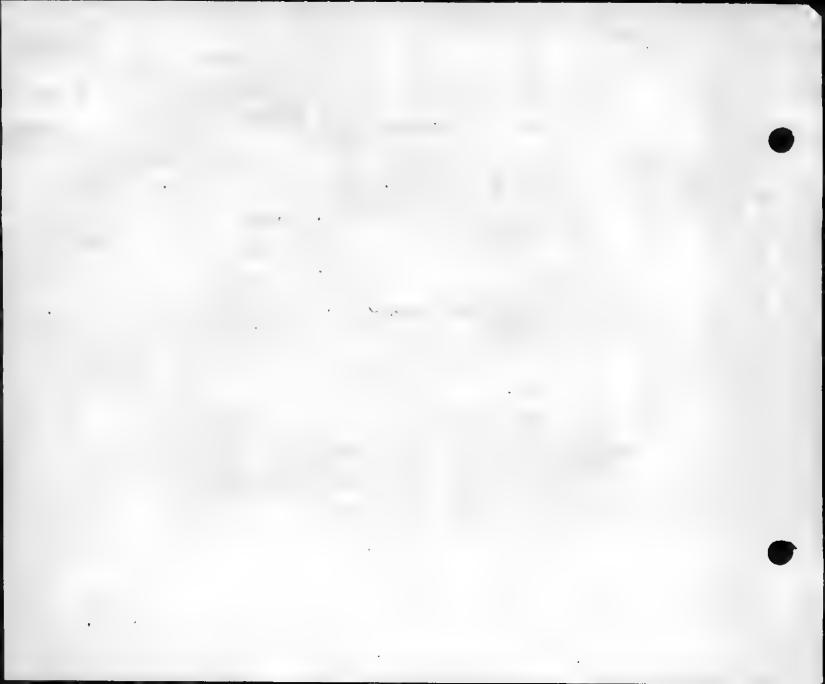
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VR A15 (4) 20M 1/65

23a.



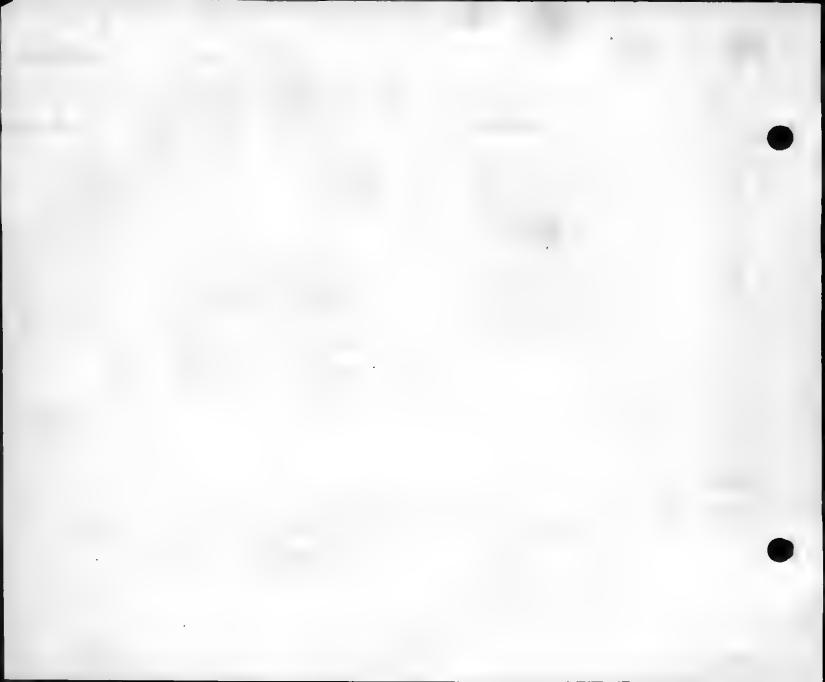
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	1	01583			CERTIFICAT					01529
death.	1.	PLACE DF DEATH				2. USUAL F		deceased lived, If i		ence before admission)
after of the fu		Wo	orcester		MARYLAND		Delawar	· @	Susse	X
by the f Pages 1 urs after		write RURAL	N (If outside corporate II and give nearest town)	lmits,	c. LENGTH OF STAY IN 1b			,	VIITO RURAL and	give nearest town)
hours d in by rs. Pa	_	Bigho		if not in h	5 Months		elbyvill	.e 4	7	e. IS RESIDENCE
fille fill 72		of BARIL OF 1100	XX		oppied, Sile at the addition					ON A FARM? YES NO Y
executed within and completely remove carbon in any event, within	3.	NAME DF DECEASED	First		Middle	Last	4. DAT		th C	)ay Year
		(Type or print)	ANN I			AGRE 8. DATE OF B	DE		1966	19 AR JIF UNDER 24 HRS.
and-comple remove can				MARRIED				last birthday	Months   Day	s Hours Min.
G .=		USUAL OCCUPAT	White   \text{ION (Give kind of work don ng life, even if retired)}	WIDOWED le   10b. K	IND OF BUSINESS OR	Oct. 20	9 1876   PLACE (County & St	ate, or foreign count	ry)   12. C1TIZ	EN OF WHAT
certificate be en inding physician at I. Then please of r removal, and in	duri	Ing most of works			NDUSTRY ON Home	Del	aware		US	A
cate phys phys ple ral, a	13.	FATHER'S NAM	Ē	1 01	III TIUNG	14. MOTHE	R'S MAIDEN NAME			
The			er Bunting				ra Hudso			
death certificate be the attending physicial permit. Then please ion, or removal, and i	15. (Ye	s, no, er unkown)	VER IN U.S. ARMED FORCE (If yes pive war or dates of ser	ES? 16.		INFORMANT		Addr		
deat e at perm ion,		XX	XX	120		rs. Jo	hn durra	y Selby	ville,	Del.
y th			DEATH [Enter only one ca ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ause per i	ine for (a), (b), and (c).	-224	poe s-	relat		DISET AND DEATH
The law requires that to a attending physician. ate has been signed buse as the burial-transath prior to burial, cre		4311	DUE TO	.1	- 10.1A	. ()	7			
7 2	П	Conditions, if		V.	enere	7				
requires ding phys been sig the buri		cause (a), st	tating the DUE TO							
tten tten has as prio	NO	PART II. OTHER S	Blast, J (c)	CONTRIB	JTING TO DEATH BUT NOT RE	ATED TO THE TE	RMINAL DISEASE C	ONDITION GIVEN	N PART 1(a)	19. WAS AUTOPSY PERFORMED?
The or a sate use ealth	CAT								,	YES NO
PHYSICIAN: The law require hospital or attending this certificate has been detached for use as the e Dept. of Health prior to	CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING ON CAUSE OF DEATH	20b.	DESCRIBE HOW INJURY OC	CURRED. (Enter	nature of injury in	Pert I or Part II	of Item 18.)	
YSIC e hos nis c tach Dept.			NUURY Month, Day, Yes		NJURY OCCURRED   20e. P	ACE OF INJURY	(Home, farm,   20	f. (City or town)	(County	(State)
NG PH by the Her the be de state l	MEDICAL	Hour a.n		While at wor	- 140t MIING -	tory, street, offic	ce bldg., etc.)	11	1.0	n-
===="	2				ed the degreased from	12/2/	16249 0	to// 6	19.	, that (I) (we) last
ATTENDI retained CTOR: A Should vith the			ceased alive on	2/2		at death occu	rred at Lar M.	from the cause		date stated above.
Sept 41.2 (20)		22a. SIGNATUI	E Oliffy	68	Tokot	ATTENDIN	IG MED.	STAFF	22b. DATE	SIGNED
		22c. PHYSICIA NAME (1)	IN'S PO CO	r	SOHNY	22dAD		NI M	7)	
O HOSPITA Page 4 m O FUNERA director, should be	232	. BURIAL, CREM	ATION, 23b, DATE THE	ÉR EOF	1 23c, NAME OF CEMETE	RY OR CREMATO	ORY   23d.	LOCATION (City,	town or county	y) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	REMOVAL (Spi			Red We	17	Se		e, Del.	
	24	FUNERAL DIRE		1	AODRESS A	2 01	25a. REC'D BY R	1	REGISTRAR'S S	IGNATURE
VR A15 (4) 15M 4-64		1-les	" Il Trake	7-7	Myrell	suu,	DALANIU	1966	Horica	Judge



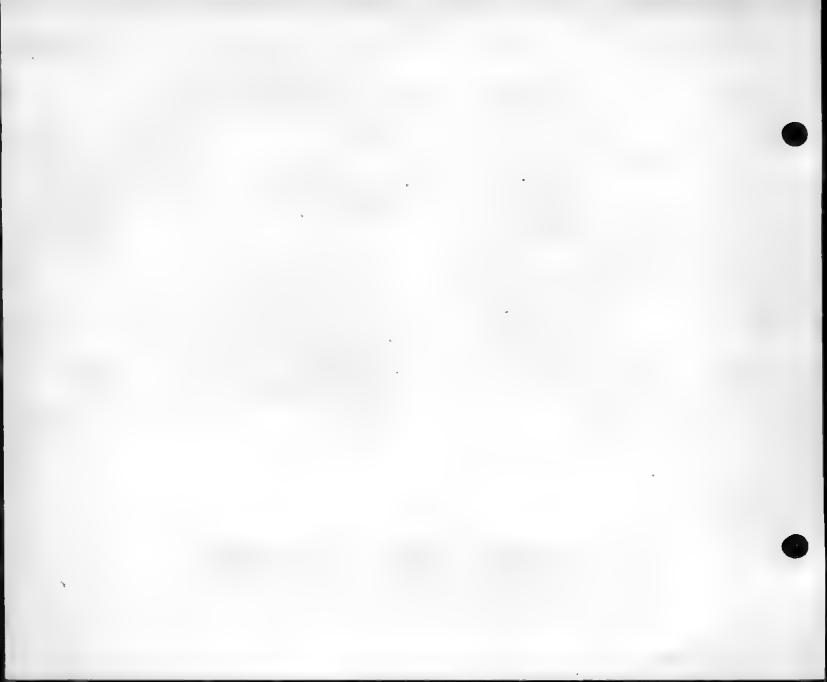


MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 15M 4-64



1	*	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	4	01586 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT	/	1. PLACE OF DEATH a. COUNTY vor cester  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY VOR cester  MARYLAND  VORCESTER
sary, reral pent nent		b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)
is necessary, of the funeral e 5 may be Department after death.		Rural, Snow Hill Rural, Snow Hill
any delay is necessary, 2, and 3 to the inneral PM3. Page 5 may be noted that the State Department of 72 hours after death.		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?  YES X NO
ny del Ma. Ma. The Si	F	3. NAME DF First Middle Last 4. DATE Month Day Yeer OF
PM PM		/ (Type or print) Gordon J. Nock DEATH Jenuary 30 19 66
thours after death. If a liter 18. Give Pages 1, 2 lifee along with form P lie pages 1 and 2 with and in any event within	1	Iast Dirthday) Months Days Hours   Min.
Fagure Page Page Page Page Page Page Page Pag		Male White WIDOWED DIVORCED Sept. 15, 1906 59 yrs.
ours after deat m 18. Give Pag e along with pages 1 and 2		during most of working life, even if retired) INDUSTRY COUNTRY?
s aff 8. (8. (8. (9. (9. (9. (9. (9. (9. (9. (9. (9. (9		Farmer Truck Farm Snow Hill, Maryland USA  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
our e a pag		Gordon E. Nock Sarah Hatter
2 - E - C		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECTION OF 127 INFORMANT Address
		(Yes, mo, or workown) (If yes give war or dates of service) No 217360574 Ruth B. Nock. Snow Hill. Maryland
uted within 2 " in pencil in Examiner's C nsit permit. I		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]
Exan Exan or		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Goute Coronary Occlusion Feel
Ö 00 — 40 €		DUE TO O TO Minute
i be exe pendin Medica burial-tr		Conditions, if any, which gave rise to immediate (b)
certificate should be iting the word "per led to the Chief Med d be used as a buria prior to burial, cremi		cause (e), stating the DUE TO
ficate should the word ' to the Chief' used as a b to burial, cr		E PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
tiffcate to the to the used or to bu	U	PERFORMED? YES I NO V
tiffe to to		YES NO YE
ded ded price		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING COURSED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.)  CAUSE OF DEATH.
AL EXAMINER: This certifithe certificate, writing should be forwarded to files.		
e fo		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)    Hour a.m.
EDICAL EXAMINER: ute the certificating 4 should be fo your files.		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
hour liles.		death resulted from: Natural causes X. Accident \( \), Suicide \( \), Homicide \( \), Undetermined manner
EDICAL ute th ge 4 s your f IRECT its de		CHIEF MEDICAL EXAMINER
execute execute Page 4 for you RAL DIRECT		ACTUAL SIGNATURE
TY ME exect r. Part d for RAL D	٠,	EXAMINER'S DAVID PATOT DEPUTY MEDICAL EXAMINER 2-1-66
O DEPUTY MEDICAL EXP please execute the c director. Page 4 shou retained for your files D FUNERAL DIRECTOR: of Health or its design	100	NAME (Type)  Address (Street, city, town, or county)  23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
Designation of the second	0	Burial 2/3/66 Bowen Methodist Newark Maryland
	2	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15ME 3500 4-64	1/1)	Snow Hill, Maryland on B 7 1966 Icharles Judge
3300 4-64	/	

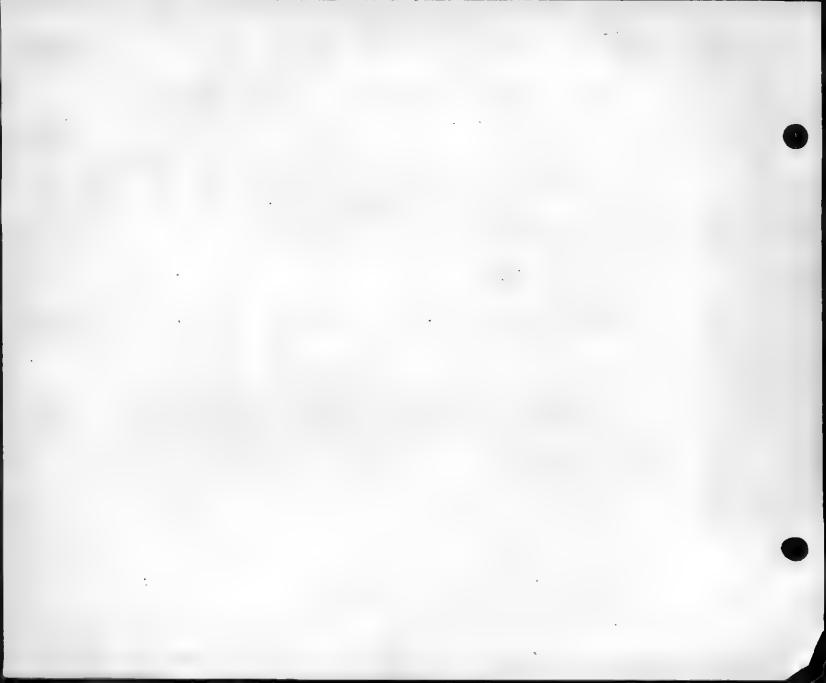


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINED: CERTIFICATE

M 015 FOR STATE MEALTH TEPT USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY e. STATE b. COUNTY MARYLAND elay is necessary, d 3 to the funeral Page 5 may be Department after death. b. Clar OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 0 e. IS RESIDENCE ON A FARM? OR INSTITUTION (If not in hospital, give street address State hours YES NO Month 4. DATE Day NAME OF First Middle Last the 72 DECEASED DEATH (Type or print) 2 with within AGE (In years | IF UNDER 1 YEAR FUNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 5. SEX 8. NEVER MARRIED form 7. MARRIED Jast\_birthday) Months Days Hours uled within 24 hours after death. I ' in pencil in Item 18. Give Pages Examiner's Office along with forn WIDOWED DIVORCED 12. CITIZEN OF WHAT IDa. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) CQUNTRY? during mest of working life, even if retired) INDUSTRY 00% MOTHER'S MAIDEN NAME 13. FATHER'S NAME Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY NO. INFORMAN (Yes, na, or unknwn) (If yes give war or dates of service) permit. AL EXAMINER: Tils certifiete shalld be examuled within the certificate, writing the word "pending" in pencil is should be forwarded to the Chief Medical Examiner's INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-trans DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the used as a to burial, 60 underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. CERTIFICATION PERFORMED? NO. YES [ DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 팔딤 CAUSE OF DEATH. 3 shou 20f. (City or town) (State) MEDICAL 2Dd. INJURY OCCURRED 12De. PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) DEPUTY MEDICAL EXAMINER: Hour a.m. While - Not While JIRECTOR: Page : at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my poinion Inspection FUNERAL DIRECTOR: f Health or its design Undetermined manner Suicide Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER for your execute **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** lease ey director. retained NAME (Type) 23d. LOGATION (City, town or county) (State) 23b. NAME OF CEMETERY OR CREMATORY DATE THEREOF BURIAL, CREMATION, 0 0 REMOVAL (Specify) ARSONSBURG RSD NSBURG DURIA REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. 24. FUNERAL DIRECTOR VR A15ME

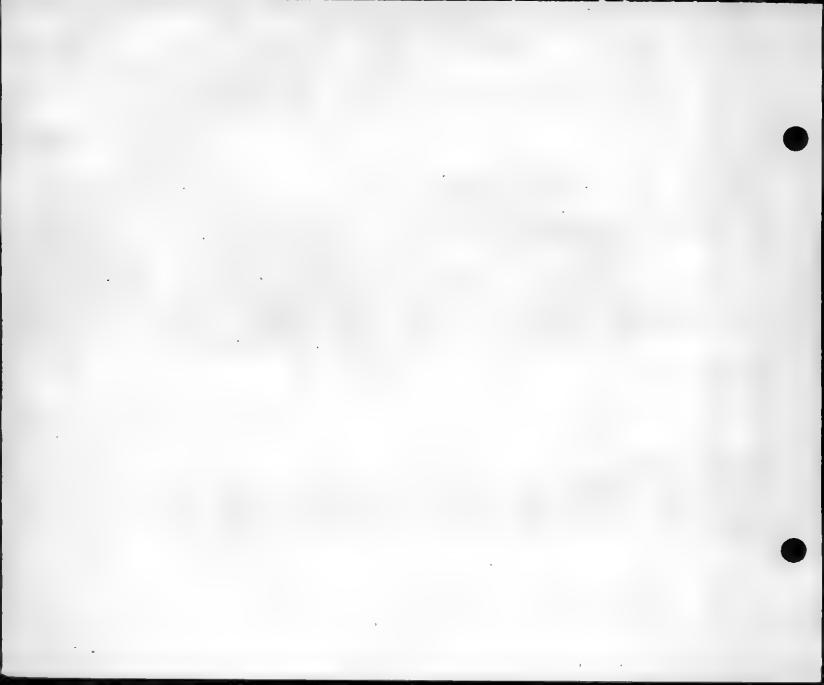
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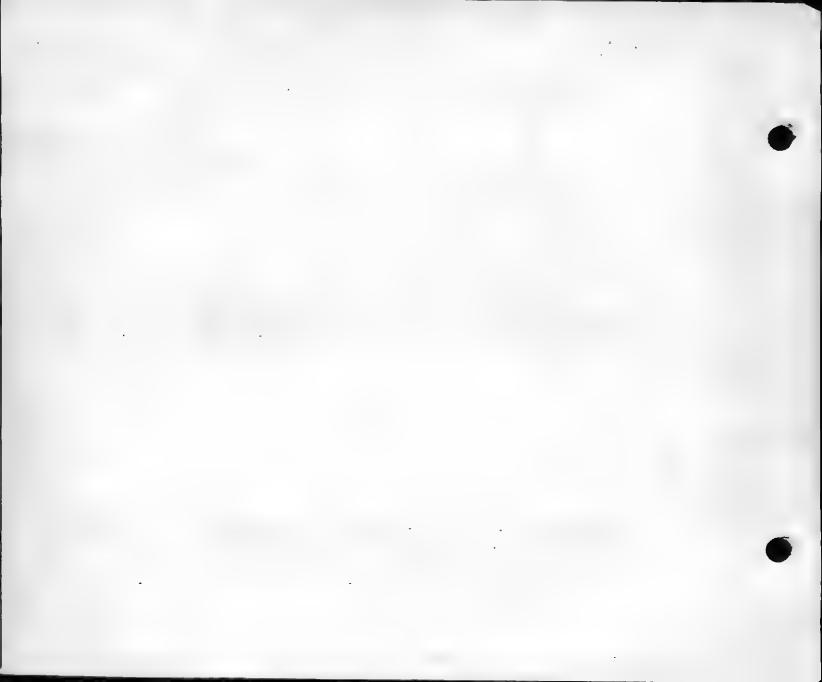
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH FOR STATE MEDICAL EXAMINER'S HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where bleceased lived, If Institution: Residence before admission, a. COUNTY b. COUNTY a. STATE MARYLAND Department after death. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, secute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b write RURAL and give nearest town d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITALOR INSTITUTION (If not in sospital, give street address) ON A FARM? State hours YES NO DATE Month Day Year 3. NAME OF First Middle Last the 72 DECEASED 1960 6 DEATH (Type or print) AGE (in years | IF UNDER 1 YEAR I FUNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months | Days Hours DIVORCED 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done ) 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) COUNTRY? \_\_ during most of working life, even if retired) INDUSTRY ₫ JUUSE WIFE -1 page in a ly 13. FATHER'S NAME MOTHER'S MAIDEN NAME File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. F (Yesanomer tankown) I (If yes give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] ONSET AND DEATH, PART I. DEATH WAS CAUSED BY: s burial-transit cremation, or IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the used as a to burial, 60 underlying cause last. (c) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATI YES 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) PRIMARY PO OF CONTRIBUTING 필드 CAUSE OF DEATH. cide N 3 should agent, p 2De. PLACE OF INJURY (Home, farm, (City or town) (County) (State) MEDICAL 20d. INJURY OCCURRED 2Df. 2Dc. TIME OF INJURY Month, Day, Year factory, street, office b(dg., etc.) Hour a.m. Not While 20 at work at work Page Inquiry land in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection designat es FUNERAL DIRECTOR: f Health or its design Undetermined manner Suicide Homicide death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER for your execute c. Page 4 DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY\_MEDICAL EXAMINER please ex director. retained f **EXAMINER'S** NAME (Type) (State) LOCATION (City, town or county) DATE THEREOF BURIAL, CREMATION, 23b. REMOVAL (Specify) 5 2 6 EN REGISTRAR'S, SIGNATURE, 25b. ADDRESS 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME 3500 4-64



1		Item 18&21 Film G373 MARY/AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MA	RYLAND
FOR STATE	37	01589 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01535
HEALTH DEPT	1.	PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, if institution: Re a. COUNTY  b. COUNTY	sidence before admission)
EES EES	-	DCITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (if outside corporate limits, write RURAL	and give nearest town)
fune fune may artme deal	1	write RURAL and give nearest town)  October 10 2014 10 2014	/
Is necessarily and the second and th	-12	d MAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STRENT ADDRESS	e. IS RESIDENCE ON A FARM?
Page at	-	MAME OF First Middle Last 4. DATE Month	YES NO Day Year
M3. M3.	3.	NAME OF DECEASED First Middle CONNELL 4. DATE OF Month OF DECEASED (Y) ARIA (Y) ARIA (Y) DEATH TAW 2	2 1966
(C Co	5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   18. DATE OF BIRTH   9. AGE (In years IF UNDER:	YEAR IF UNDER 24 HRS. Days Hours   Min.
Pages h for h	10:	WIDOWED   DIVORCED   3 VCC (165 yrs. )	FIZEN OF WHAT,
rs after death. If 18. Give Pages 1, along with form ages 1 and 2 with n any event within any event within	dur	ing most of working life, even if retired) INDUSTRY ENE SALISDIRY DI	UNTRY? SIJ
ours affern 18. Give along pages 1 in any	13	FATHER'S NAME	- ( (
Hour ce Hour de Hour d	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SEGURITY NO. 17, INFORMAND Address	ey
2 0 4.	ίΫ	es, no or unknown) (If yes give war or dates of sorvice) NONE EURORNEI (Mother) R2	SERIN, NO.
executed within 2. Iding" in pencil in lical Examiner's O lical examin	-	18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
Exa Disit		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  // C/A/A/A/A/A/I/A/A/A/A/A/A/A/A/A/A/A/A/A/	
execution and all transfer and all trans		conditions, if any, which be to Pneumonia, bronchial	unknown
uld be executed l "pending" in if Medical Exar a burial-transit : cremation, or		gave rise to immediate ( cause (a), stating the DUE TO	
shoul word Chief as a rial,	So	underlying cause last. (c) PART II. OTHE GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
ficate sho the worn the Chi to burial,	CATIC	Nauses & vomiting for 2 days during week preceding death.	YES NO
ting ting ed to rior	CERTIFICATI	20a. EXTERN CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.	)
This cate, wriforward forward 3 should agent, p		20c. TIME OF INBIRY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (Cou	nty) (State)
EXAMINER: This certificate, woould be forwary lies.  NR: Page 3 should R:	MEDICAL	HOUT a.m. While Not While factory, street, office bidg., etc.) p.m. 19 at work at work	
Page ate		21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry ,	and in my opinion
AL EXA the ce shoul r files.		death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner	
MEDICA Gecute to Page 4 for your		ACTUAL SIGNATURE AMINER M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
		EXAMINER'S TOWNSOND, TO CONSOND, TO CASTOS STEEL CONTROVER, OR ASSESSED FOR	28,60
D DEPUTY please edirector. retained D FUNERA of Health	23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 22d. LDCATION (City, town or co	inty) (State)
E E - /	24	ADDRESS 256. REGISTRAR 256. REGISTRAR 256. REGISTRAR	,
VR A15ME 3500 4-64	47	Danneldown New Church, Va DATE 13 7 1966	Juga-



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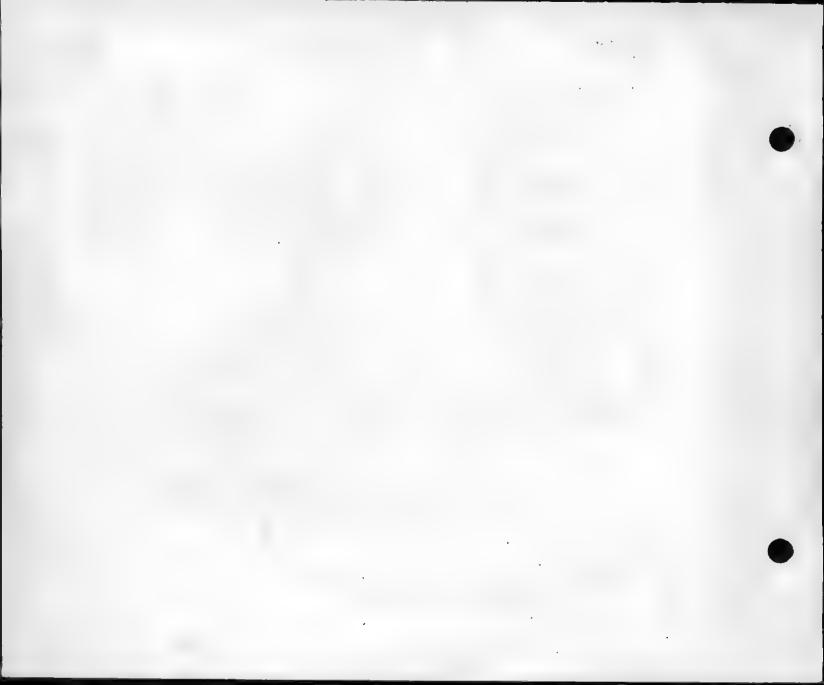


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may by retained by the hospital or attenting physician. TO FUNERAL DIRECTOR: After this certificate has been sized by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and ip any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1_	Item #ld FickliftGAI	COLORATE DESTRUCTION								
1	. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)								
L	a. COUNTY	A. STATE D. COUNTY								
-	b. CITY OR TOWN (If outside corporate limits,   C. LENGTH OF STAY IN 1b	MARYLAND WORCESTER								
Ł	b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)								
i.	BERLINI	BERLIN : 1								
r	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	A STREET ADORESS								
Ш	R.F.D. #3	ON A FARM?								
		YES ND								
3	B. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year								
	(Type or print) CHARLIE F WAIN	IRIGHT DEATH JAIV. 31 1966								
1	6. SEX   6. COLDR DR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.								
I)		Sast pirthday) Months Days Hours Min.								
J.	WIDDWED DIVDRCED	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT								
7	Oa, USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS DR   Uring most of working life, even if retired)   INDUSTRY	11. BIRTHPLACE'(County & State, or foreign country)   12. CITIZEN OF WHAT CDUNTRY?								
Г	CARPENTER DELF-EMA	AGRUN MO USA,								
17	13. FATHER'S NAME	14. MDTHER'S MAIDEN NAME								
L	Contract This was the	ADD MITCHELL								
H	15, WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURITY NO.   17.	INFORMANT Address PED								
k	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT AUGIOSS OF RIFE								
	No No 218-20-5035 N	RS.C.F. WAINGIGHT DERLIN MD								
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN								
1	PART I, DEATH WAS CAUSED BY:	DNSET AND DEATH								
П	IMMEDIATE CAUSE (a)									
Ĺ	DUE TO	h. ) -+/ -+								
	Conditions, if any, which (b)	( ynlestide								
	gave rise to immediate cause (a), stating the DUE TO									
L	underlying cause last. (c)									
į		TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PROPERTY OF	PERFORMED?								
15	200 ACCIDENT WAS IMPERIATED AND THE ACCIDENT HOM IN HER COOL	IRRED, (Enter nature of injury in Part I or Part II of Item 18.)								
I i	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HDW INJURY OCCU B DR CONTRIBUTING   CAUSE OF DEATH	MRED, (Eliter nature of injury in Part 1 of Part 1) of Item 10.7								
I	20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 2Ds. PLA Hour a.m. While at work at work	CE DF INJURY (Home, farm, 20f. (City or town) (County) (State)								
li	Hour a.m. While Not While	ry, street, office bldg., etc.)								
13		-1 /5 1 131 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
ı	21. I certify that (I) (this hospital) attended the deceased from 19 to 19 to 19 to 19 that (I) (we) last saw the deceased alive on 19 to									
ı										
1										
П	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.									
	22c. PHYSICIAN'S	22d. ADDRESS								
ı	NAME (Type) CLIFFORD E. DOHOTO AND BERCHIN, MD.									
1	23a, BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR OREMATORY   23d. LOCATION (City, town or county) (Sta									
	REMOVAL (Specify)	ar Arallo Ma								
.  -	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE								
	DI BILLION A BILLION	a a little sand little sands								
	Itua F, purage pelle	Med DATEFEB 7. 1966 Jenories Juny								

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	01592	<u> </u>		CERTIF	ICA	TE OF DEATH	ł		Reg. Dist	O.I.S	738
1.	MOTCES	ter		MARYLA	ND	2. USUAL RESIDENCE (WHO S. STATE Maryland	ere decease	1	Residence		nission)
	b. CITY OR TOWN (If outside corporate limits, writ RURAL and give nearest town) POCOMOKE CITY Md			6 mos.	16						n)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTUUT ON Belden Restorium						d. STREET ADDRESS Main Rd				e. IS RESIDENCE ON A FARM? YES NO K	
3. NAME OF First DECEASED (Type or print) Eugene			•	Brown Web		ster Lost	4. DATE Mon OF DEATH JS		n	13	Yeor 1966
	SEX M	W	WIDOWE		5	DATE OF BIRTH 10-18-1882		lost bipthday) O Byrs.		YEAR IF UN Doys Hour	
10a. USUAL OCCUPATION (Give kind of work done during most of working life gren if retired)  Nettired Merchant						Maryla.		ountry)	12. CITIZ	USA	IAT COUNTRY?
13.	73. FATHER'S NAME Zack Webster			ton		14. MOTHER'S MAIDEN N	_	041			
15.		ER IN U. S. ARMED FOR			17. IN	Emily	Jane	e Gibson			
	i, no, or unknown). No	(If yes, give wor or dates of se	rvicel	Inknown	I	ouise Andr	ews	Deal I		d, Mar	yland
		ATH [Enter only one cou ATH WAS CAUSED BY. IMMEDIATE CAUSE (c)		for (o), (b), and (c).	R	, Decle	isu	2		INTERVAL ONSET AN	ND DEATH
	Conditions, if any, which gove rise to immediate (b) Ortenwellerwars Lever Generalized of									years	
	couse (o), stoting lying couse lost	the under- DUE TO	a	lerwood	-	sus 4 Cors	nang	arterus	Lucu		. (
CATION	カナ	- Inder	Les C	ONTRIBUTING TO DEATH	BUTI	not related to the termin	nal diseas	E CONDITION GIVE	V IN PART	PER	AS AUTOPSY REORMED?
MEDICAL CERTIFICATION	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY/OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)										
MEDICA	20c, TIME OF INJU Hour o. 51. p. m.	RY Month, Day, Yea 19	r 20d. IN While of work	Nat while	e. PLA	CE OF INJURY (Home, form, ory, street, office bldg., etc.	20f. (City	or town)	(Co	ounly)	(State)
	21. I certify that I attended the deceased from 5 august 19 65 to 13 from 19 6 that I lost saw the deceased										
	alive on										
	ACTUAL SIGNATURE	E. Sar	6ru	is y	M	D. 11h Market				400	
	PHYSICIAN'S NAME (Type)	N.E.Sartori	us,	Jr., M.D.		114 Marke	t St.	, Pocemoke	City	7, Kd.	21851
22	BURIAL, CREMATION CONTRACTOR CONT	226. DATE THEREO		St John's		emetery	22d. LOCA	TION (City, town, or Island		(SI	tate)

24b. REGISTRAR'S SIGNATURE

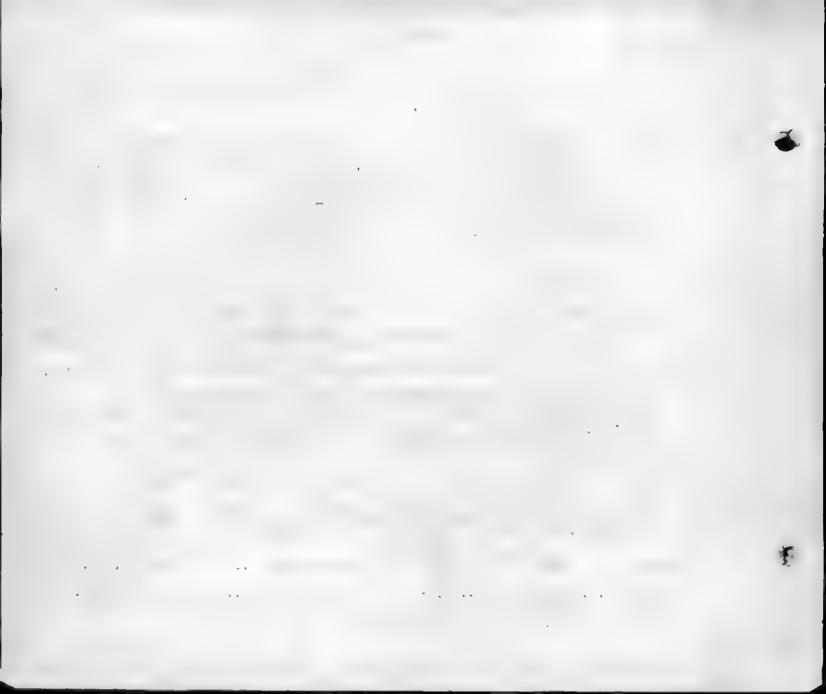
Cal Car Con

240. REC'D BY REGISTRAR

DATE

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Levely Glick-Tu-Princess Anne MD

VS A15 (4) 15M 9/55



2DM 1/65 vil5390 50010 - Hardoug programm Norzester MILIFE SnowHill PL SNOW HITT 408 Drahted St. 1-27 66 HERVAR HAMSTA WEST Female Negro x Mir. 14 1880 85-REW Stoffel Worcester U.S.F. Unknown darek Berger Mr. Miles Elen 812 Kono St. Belo 19. THE PERSON NAMED IN COLUMN William Committee William Committee Burgs 2-1-66 Blowger mitteet from the first Low to be follog formaged, below me

RYLAND STATE DEPARTMENT OF HEALTH

DAT

IS RESIDENCE ON A FARM? YES NO

Yaar

1966

IF UNDER 24 HRS.

Day

18

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (State)

DATE

SIGNED

(County)

VR A1S (4) 20M 5-63

